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"*NEC TENUI PENNA.*"

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R. O. COWLING, A. M., M. D., Editor.

H. A. COTTELL, M. D., . . . Managing Editor.

IS RIGHT-HANDEDNESS ACQUIRED?

If any of our readers did not come across the essay of Mr. Charles Reade, the novelist, on "The Coming Man," which was issued some two or three years ago in Harper's Half-hour Series, they will do well to look it up. Mr. Reade is of the opinion that the matter of right-handedness and left-handedness is purely a matter of education, and should be summarily stopped, as under its influence the race is only half developed. He gives a great deal of curious history—in his more curious way—in support of his position, and takes especial delight in knocking the wind out of any physiological or pathological conditions that may have been made to explain the superiority of the right limbs. The more direct blood-supply of the brain on the left side, and its action through decussating fibers upon the opposite side of the body, he treats with notable scorn, averring that the numberless instances of "same-sided" paralysis after cerebral injuries destroy entirely the tenability of the theory.

It is quite possible, we think, that the true physiological reason for right- or left-handedness has not yet been made out, but we are by no means convinced that there is not an essential cause quite independent of any matter of education. Mr. Reade is of the opinion that under the prejudice of ages the child is whipped into the use of his right hand to the exclusion of his left, but we take it that no amount of punishment has

changed nature in this respect. The history of every left-handed person is that he is so in spite of every correction he had in his childhood. The familiar examples of men who after the loss of the right hand have developed dexterity of the left, and the ambidexterity of acrobats, pugilists, etc., show the great power of education over inherited proclivities, but do not stand against this inheritance.

Ambidexterity is a good thing to acquire, and we quite agree with Mr. Reade that physical education should have it in view. It is especially a good thing for surgeons to have, but they very seldom acquire it to any extent. We have seen some who said they were ambidextrous, but they appeared simply to be equally awkward with either hand. It would be very convenient in many operations to be able to use either hand; but there are very few strokes that can not be made with either hand, by shifting the position of the surgeon, and no one, whatever his pride may be upon the subject, will in times of danger—the spouting of a great vessel, for instance—trust to his inferior member.

Neither Mr. Reade nor any other writer upon the subject has, we think, recognized how fearfully and one-sidedly we are made. They have considered that this development was confined to the muscular apparatus of either side; that we are right-handed, right-legged, right-jawed perhaps, or the reverse; but the fact is, the same development appears in the senses. We are quite sure that it appears in one of these at least—that is, the sight. Concerning the hearing, taste, and smell, we have collected no data; but

as to the sight the following are facts. We judge of distance and form by the aid of both eyes, through the angle of vision thus formed—as any one can verify as to distance by the familiar experiment of trying to put the hook at the end of a pole through a ring with one eye closed—and as to form by the use of the stereoscope; *but we judge of direction entirely by one eye, and that eye the right or the left, according as the individual is right- or left-handed.*

The sportsman brings his gun to the shoulder, right or left, according as he is right- or left-handed; and the corresponding eye is next to the barrel, along which it sights. It may be considered that first perhaps as a matter of convenience, and afterward of education, that the particular eye was used in either instance. But it is not, and direction was judged of by that particular eye long before a gun was taken in hand. It is the habit of many in taking aim to close the unused eye. It does not make a particle of difference, however, if it remains open, as it does nothing whatever in the matter of judging direction either to confuse or to assist. Many noted shots—Dr. Carver, for instance—shoot with both eyes open. Now make these simple experiments, and see what we mean. As you sit in your chair point to any object across the room, with both eyes open, with no attempt at “sighting.” Close the left eye, and you will find you are still accurately on the object; but close the *right* eye, and you will discover, with your present vision, you are pointing clear over to the right. This will be the case if you are right-handed; if you are left-handed, the reverse will be the case. But you will say, of course, “Because I have pointed with my right hand if I am right-handed, or my left if the reverse.” If you think so, try it the other way. You being right-handed, point with the left, and *vice versa*, and you will discover that it makes not a particle of difference.

This is a matter which we have tested by a number of experiments on right- and left-handed persons. Only in one instance did

it fail, and that was a curious one—where a right-handed person judged of direction by his left eye; but the sight of his right eye was notably defective.

If this fact of people being right- or left-eyed is an old one, it has not reached the specialists of this locality, to whom the matter was referred.

A CORNER IN OPIUM.—Opium, which had been selling for two dollars and a half a pound, a few days ago took a jump up to seven dollars, then fell to six dollars, where it now stands. A syndicate in Philadelphia, which holds six hundred cases of two hundred pounds each, valued at a million and a half dollars, is responsible for this.

The weekly consumption of opium in the United States is from thirty to fifty cases. A very small quantity is held by legitimate dealers, and as the new crop will not be in the market for six months, it looks as if the syndicate were likely to get something handsome out of its corner. The restraint which this will put upon habitual opium-eaters may do good, but it is hard to think that many whose sufferings make the drug a necessity will have to pay two or three prices for it, and this when their means are already at a low ebb from long-continued illness and consequent inability to earn money.

They who would corner a necessary medicine are no better than they who would corner bread—and perhaps no worse.

Nos. 246 (Vol. X, No. 11), dated September 11, 1880, and 250 (Vol. X, No. 15), dated October 9, 1880, of the NEWS are wanted to complete our files. We need about twenty-five copies of each, and subscribers having these to spare will confer a great favor on us by mailing them to MEDICAL NEWS, care of John P. Morton & Co., Nos. 156 and 158 West Main Street, Louisville, Ky.

THE chemical names of the two new anesthetics are, respectively, monochloræthylidenchlorid and monochloræthyleuchlorid.

Original.

ATOMIZATION IN PULMONARY HEMORRHAGE.

BY WILLARD H. MORSE, M.D.

The question has recently been raised as to whether there is any real utility in the treatment of pulmonary hemorrhage by atomization. Although my experience has been quite limited, I desire to say a few words on this subject. The question admits of two antipodal answers. If the atomization be rightly conducted it is of excellent efficacy; if it be poorly conducted it is worse than useless. There are physicians fresh in their anatomy and positive in their prejudices who are not slow to assert that the treatment is without the least advantage, they arguing that foreign substances can not pass the chink of the glottis without causing deleterious effects. Nevertheless, over and above a possibility of controversy the fact is undeniable that although medicated spray is of the nature of a foreign substance, it can and does pass the glottis, and instead of having any injurious effect, is beyond the shadow of a doubt of sterling utility in bringing about the end sought. Despite the contrary assertions physiological experiments have conclusively established the fact that minute quantities of the spray can enter the trachea. But I can not believe that the efficiency of atomization depends entirely on the amount of spray that enters the glottis, but is due in no small part to the evidence of sympathy.

There are three medical agents that claim our attention as applicable in pulmonary hemorrhage—perchloride and subsulphate of iron, tannin, and alum. There may be other substances equally capable of atomization, and equally as applicable in controlling the hemorrhage, but they are untried, or if tried have been found wanting in the balance. The iron, tannin, and alum are alone proved to the truth. The most efficient of the three is the one first named. Tannin takes a second place, and scarcely less reliable is the alum solution. Much of the relative efficacy of the three depends upon the strength in which they are used. Of the ferric perchloride I consider a half- to two-grain solution amply sufficient to meet the wants of any case. The tannin may be given from two to twenty-five grains, and the alum from ten to twenty. Although these are not the dispensatory doses, I think them better; but of course the dosage is to be governed by

the case. Another essential, and one which I think has been overlooked and unestimated, has reference to the water of the solution. It will be found that if the menstruum be at a heat of 70° to 80° F. it will be less apt to irritate the lungs, and have more perfect "sympathetic" action. It is all too frequently the case in the emergency of the disease to use any water that comes to the hand, provided it is not at boiling heat. Under such circumstances failure is not rare, whereas a uniform heat of 70° or 80° F., having no condition of irritation in temperature, is more conducive to utility.

Another requisite to success in treatment relates to the amount of a given solution required to have a styptic effect. Considering that only a very minute quantity of the solution enters upon the affected bronchopulmonary tract, it seems idle to inquire in this regard. Yet admitting that the primary effect of the action of the spray is extraneous by choice, it is well to fix some relative administration. The ferric solution should not be given without some definite intermission—five or ten minutes being necessary after a spraying of a half dram of the solution—that in that time the effect of the medicine may be noted. The tannin solution rarely requires to be used more than a minute at a time, six or eight such sprayings being amply sufficient in favorable cases.

Another requisite to success consists in the instrument used. I never employ the steam atomizer, as it is rarely if ever ready for use in such an emergency as pulmonary hemorrhage offers. Of the hand-ball atomizers I prefer the Delano instrument, and especially the "No. 558," which is made with an extra long tube, and which is *par excellence* the best atomizer for atomization in diphtheria, catarrh, bronchitis, or any "throat disease" requiring nebulization, as well as in the pulmonary hemorrhage.

Mode of application of the spray is another essential. It is advisable to introduce the tube as far as the middle of the tongue and give it the proper downward direction, so that the force of the volume of spray at a distance of an inch from the nozzle of the delivery-tube shall strike in front and across the epiglottis.

Another correlative rule of application is promptness of action. Delay is more than dangerous. Early attention determines all. There may be cases where any amount of atomization would be useless, but still local measures *may* do good, and it is always best to employ the atomization. Make no prej-

udicial choice of the agent to use, giving iron or tannin or alum, as it may be at hand, always remembering, however, that ferric solutions are of most merit.

If the precautions of which I have spoken be observed, atomization will be attended with success; but we should always bear in mind that it is like faith, utterly "dead" without the "works" of general therapeutical measures. A favorite formula of mine is—

Fluid. ext. ergot (Squibb's).....	℥ iij;
Tinct. opii deodor.....	} aa ℥ss.
Fluid ext. ipecac.....	

M. Sig. Teaspoonful every half hour in connection with the use of atomization.

HINSDALE, N. H.

Correspondence.

"HOW SHALL THE DOCTOR MAKE MORE MONEY?"

Editors Louisville Medical News:

Next to the natural anxiety attendant on the conscientious discharge of professional duty, the question of "money" is perhaps the most urgent. It has been very fully ventilated in the columns of the *News*, but I think the true solution of the difficulty has not yet been arrived at. That there are too many doctors is probable; but nearly all, however, have made or are making enough to eventually make any of us rich in time; but we do not collect promptly enough, and worse, don't save what we do make. How many young doctors are there—or older ones, for that matter—who drink at least *three* drinks of liquor and smoke three cigars a day! Now three drinks of Illinois sod-corn a day make thirty cents; three cigars a day are fifteen cents; all forty-five cents a day. This in three hundred and sixty-five days equals one hundred and sixty-four dollars and twenty-five cents. Here is enough money gone to the dogs—or worse, to the saloon-keepers—to furnish any decent man's wardrobe. Now save this each year for ten years, and see how much we have worse than thrown away—sufficient to buy a farm. But the saloon-man has it, and the doctor has it not, and the doctor whines about it.

Set up the standard of total abstinence from liquor and tobacco, and we soon shall have a better kept, better read profession—one that will not need to be eternally in debt, but independent. The sick-room will not then so often be cursed with the un-

steady hand, the bleared eye and the rotten breath which are now so often perceived in the doctor, who perhaps when called to his patient was industriously engaged in wearing a hole in the elbow of his coat on some beer-counter. This is the opinion of one who has been both

AN UP AND DOWN MAN.

O'FALLON, ILL.

Reviews.

A Practical Treatise on the Medical and Surgical Uses of Electricity, INCLUDING LOCALIZED AND GENERAL FARADIZATION, LOCALIZED AND CENTRAL GALVANIZATION, ELECTROLYSIS, AND GALVANO-CAUTERY. By GEO. M. BEARD, A.M., M.D., Fellow of the New York Academy of Medicine, etc., and A. D. ROCKWELL, A.M., M.D., Fellow of the New York Academy of Medicine, etc. Third edition, revised by A. D. ROCKWELL, M.D. With nearly two hundred illustrations. Octavo, pp. 771. New York: Wm. Wood & Co., 27 Great Jones Street. 1881.

The new edition of Rockwell & Beard contains new chapters on the treatment of Exophthalmic Goiter and on the Sequelæ of Acute Diseases. The chapter on Diseases of Women has been revised, and the clinical additions will be found interesting and suggestive. Extra-uterine Pregnancy is fully considered.

Every one interested in the subject of electro-therapeutics will of course make himself acquainted with Beard & Rockwell's Manual, certainly the most satisfactory work to the general practitioner with which we are acquainted, and its large sale indicates how widespread is the interest that is taken in the subject.

Electricity in medicine has been a great disappointment to many. It promised so much—it was so wonderfully like life itself—it had achieved such miracles in the arts, that when we came to measure its results in medicine they seemed poor indeed. But when electricity was ceased to be regarded as the mysterious force and miracle-worker, and was relegated to the domain of rational therapeutics as a tonic or as a sedative, its achievements have been eminently satisfactory. In neurasthenia, hysteria, neuralgia, epilepsy, dysmenorrhea, etc., and in erectile and cystic tumors, its success is especially noteworthy.

Nor should any one be adverse to the exercise of any moral effect which electricity may have over the imagination, still an immense field for its practice. Every thing is legitimate which tends to cure.

Hand-book of Urinary Analysis, Chemical and Microscopical. For the use of Physicians, Medical Students, and Clinical Assistants. By FRANK D. DEEMS, M.D., Laboratory Instructor in Medical Department of University of New York, Member of the New York County Medical Society, Member of the New York Microscopical Society, etc. 12mo. Limp cloth, twenty-five cents. New York: Industrial Publication Company.

This manual presents a plan for the systematic examination of liquid urine, urinary deposits, and calculi. It is compiled with the intention of supplying a concise guide, which from its small compass and tabulated arrangement renders it admirably adapted for use, both as a bedside reference-book and a work-table companion. The author is well known as one who has had for several years a very extended experience as a teacher of this important branch of physical diagnosis, and he has compiled a manual which will serve to lessen the difficulties in the way of the beginner, and save valuable time to the busy practitioner. The arrangement of the matter, and the small though clear type in which it is printed, has enabled the author to compress a great deal into a very small compass; so that, while serving all the purposes of an analytical table, it is really a good deal more, although it is not of course to be supposed that this brochure can take the place of larger books.

A Treatise on the Principles and Practice of Medicine. Designed for the use of Students and Practitioners of Medicine. By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in Bellevue Hospital Medical College; Fellow of New York Academy of Medicine; Honorary Member of the Medical Societies of the States of Virginia, Rhode Island, Kentucky, and Massachusetts; Associate Fellow of the College of Physicians of Philadelphia; Honorary Fellow of the Medical Society and of the Clinical Society of London; Corresponding Member of the Academy of Medical Science at Palermo. Fifth edition, revised and largely rewritten. Octavo, pp. 1150. Philadelphia: Henry C. Lea's Son & Co. 1881.

The fifth edition of Flint's Practice represents so many additions, alterations, and eliminations that it is essentially a new work. Dr. William Welch, Lecturer on Pathological Histology in the Bellevue Medical College, contributes the first seven chapters on the General Pathology of the Solid Tissues and of the Blood. He has also revised and in great part rewritten the descriptions of the anatomical characters of the diseases considered in the rest of the volume. The author has added a new section devoted to the dis-

eases of the hematopositic system, has altered the classification of nervous diseases, and has given a fuller consideration of several diseases.

There will probably be no more interesting event in medicine during 1881 than the new edition of Flint. There is no better text-book in medicine, and the careful revision given by its author brings it fully up to the day. Clearness and fairness are the two words which best describe the quality of the book, and its immense popularity will no doubt be increased.

The publishers issue it in cloth, sheep, and in the beautiful half-Russia, which they have lately introduced for medical works.

A Manual for the Practice of Surgery. By THOMAS BRYANT, F.R.C.S., Surgeon to and Lecturer on Surgery at Guy's Hospital, Membre Correspondant de la Société de Chirurgie de Paris. Third American from third revised and enlarged English edition. Edited and enlarged for the use of the American student and practitioner, by JOHN B. ROBERTS, A.M., M.D., Lecturer on Anatomy and Operative Surgery at the Philadelphia School of Anatomy. With seven hundred and thirty-five illustrations. Philadelphia: Henry C. Lea's Son & Co. Octavo, pp. 1005. 1881.

The new editions of Bryant's Surgery keep pretty equal pace in England and America. It is the only systematic work upon Surgery of English source that has seriously divided the popularity of Erichsen's treatise. It is a vigorous, plain, honest exposition of surgery as seen in the great field offered at Guy's Hospital, and is of immense value to both student and practitioner.

The annotations of the American editors are sometimes judicious.

Formulary.

SUBSTITUTE FOR CAMPHOR IN FLY BLISTERS.

Dannecy condemns the use of camphor in fly blisters as incapable of checking the absorption of the cantharidin and forestalling the dangerous symptoms which follow. As a substitute for camphor he has found sodium bicarbonate or sodium carbonate, which has lost its water of crystallization, to answer his expectations. The blistering action is more rapid than with camphor, and the absorption of cantharidin appears to be checked. He uses equal parts of the sod. carb. (dry) or sod. bicarb. and coarsely-powdered cantharides.

SIR J. MURRAY'S FLUID CAMPHOR.

Each ounce contains three grains of camphor and six grains of magnesium carbonate, dissolved by carbonic acid under pressure.—*Beasley.*

TREATMENT OF OZENA.

W. Pugin Thornton strongly recommends the following liquid to be applied to the nasal passages by means of the spray:

R Sodii carbonatis..... } aa ʒj;
Sodii boratis..... }
Liq. sodæ chlorinat..... ʒ ss;
Glycerini..... fl. ʒ iijss.

Lennox-Browne directs, for the removal of the nasal incrustation of persons affected with ozena, to syringe out the nostrils several times daily with a lukewarm emollient solution or a weak solution of salicylate of sodium; afterward he applies the following by means of a brush. The nasal passages should be kept constantly clear and open, and should not be stopped with a tampon:

R Iodoformi..... gr. v;
Ætheris..... ℥ xij;
Vasellini..... ʒ j;
Ol. rosæ..... gtt. v.

—After *Monit. de Médecine*.

TREATMENT OF AMENORRHEA.

William R. D. Blackwood, M.D., Physician to St. Mary's Hospital, writes, in the Medical Bulletin:

A large number of remedies have been credited with emmenagogue properties, many of them being inert, and some of them simply irritant poisons whose employment has frequently resulted fatally, especially when used with criminal intent, as abortifacients. Strychnia affords excellent results in many instances. A favorite with me is the following:

Strychnia sulph..... gr. j;
Cinchonidia sulph..... ʒ j;
Ferrum per hydrogen..... } aa ʒ ij;
Assafetida pulv..... }
Ext. quassia..... q. s.

M. In pil. No. 60 div. Sig. One four times daily.

I usually add at bedtime ten drops of Squibb's fluid ext. ergot in water; and a forcible jet of cold water along the spine every morning on rising for a few minutes, with brisk friction of the abdomen, succeeds admirably in many cases. Exercise in the open air, equestrianism particularly, with attention to a normal action of the skin, kidneys, and bowels is essential.

USES OF BORACIC ACID.

Carbolic acid is doubtless of great value in the treatment of cutaneous affections, but it is a poisonous and irritant substance, especially in the case of young children. Boracic acid, an excellent antiseptic, is non-irritant, non-poisonous, and renders good service in the management of eczema, that is, in the form of ointment: Vaseline, twenty-five parts; boracic acid (porphyryzed), five parts; balsam of Peru, one part; or the boracic acid may first be dissolved in an equal weight of glycerin, and the other ingredients added. This ointment suits admirably in eczema and intertrigo.—*Journal de Méd. et de Chir.*

COST AND VALUE OF THE CINCHONA ALKALOIDS.

Dr. Hager, in a paper in the *Bunsenauer Pharmaceutische Zeitung*, gives the results of some experiments made on himself to decide this question. Pills containing considerable doses of the alkaloids were

used to relieve catarrh, and the antipyretic value and cost in shillings for one hundred grams are given in the following table:

	Antipyretic value.	Cost.
Quinine sulphate.....	100	95
Quinidine sulphate.....	90	55
Chinchonidine sulphate.....	70	30
Chinchonine sulphate.....	40	10

This table means that two and a half grains of chinconine sulphate in a dose will produce the same antipyretic effect as one grain of quinine in a dose, which costs four times as much.

NAPOLEON'S MEDICINE.

This was a favorite general laxative used by Napoleon I, from the prescription of Corvisart:

Boro-tartrate of potash..... ʒ ss;
Tartar emetic..... gr. ¼;
Sugar..... ʒ j;
Water..... ʒ xv.

Dose, a wineglassful frequently until it operates.

—*The Druggist*.

Pharmaceutical.

TONGA is the latest remedy for neuralgia, which comes to us from the Fiji Islands through the enterprising firm of Parke, Davis & Co. There is ample field to test its merits, and we doubt not many of our readers will be tempted to try it in their practice. We would be obliged for clinical reports upon its action within our bailiwick. It comes well indorsed by Drs. Ringer, Murrell, and Bader, and deserves fair trial.

LIPPIA MEXICANA is the new expectorant introduced by the same firm on the authority of Dr. J. H. Sexton, of Baltimore. It is surely a seasonable visitor.

SALICYLATE OF CINCHONIDIA is the combination presented by Messrs. Jno. Wyeth & Co. It is a powerful compound certainly in name, and comes well recommended for rheumatism, gout, headache, neuralgia, etc. Reports on its use are also solicited. The same firm sends to us beautiful samples of the following preparations: Elixir guarana, fluid ext. jaborandi, elixir of free phosphorus, pure cod-liver oil (of Marvin), fluid ext. ergot, saccharated pepsin, fluid extract wild-cherry bark, peptonic pills, compressed tablets chlorate of potash (a notably beautiful preparation), compound pills of Dover's powder, elixir phosphate iron, quinine, and strychnine, and their dialysed iron of world-wide celebrity.

Miscellany.

RUSH ON THE FUNCTIONS OF THE THYROID GLAND.—The design of this gland I believe to be to defend the brain from the morbid effects of all those causes which determine the blood into it with unusual force. My reasons for this belief are founded—1. Upon its situation and structure. It is seated upon the anterior parts of the larynx, and is supplied with four large arteries, which return their blood by means of veins, without terminating in an excretory duct, and without producing any thing like a secreted liquor. 2. Upon its larger size in women than in men (St. Louis Med. and Surg. Journal). The provision was necessary to guard the female system from the influence of the more numerous causes of irritation and vexation of mind, and the more acute bodily diseases to which they are exposed than the male sex. The sensation known by the name of *globus hystericus* appears to be produced by the diversion of the excessive mental impressions from the brain to the thyroid gland. We often observe it to be considerably enlarged in hysterical paroxysms. A remarkable case of this kind is taken notice of by Dr. Whyt in his treatise upon nervous diseases. It is probably from the greater size and more frequent excitement of the thyroid gland in women than in men, that the former are more subject to bronchocele than the latter. 3. Upon the effect of certain exercises of the body and mind upon the thyroid gland in its diseased state. Dr. Broadbelt relates in his inaugural dissertation upon Bronchocele, published in Edinburgh, in the year 1794, that such of the inhabitants of Derbyshire, in England, as are afflicted with that disease, are subject to a pain in the gland and to an increase of its size when they are unusually excited by running or anger. 4. Upon the effect which disease in the thyroid gland and in its loss have upon the brain. The bronchocele of the Cretins is generally accompanied with imbecility of mind, and Dr. Chapman informed me that Mr. Cooper, surgeon of St. Thomas's Hospital, in London, had produced something like fatuity in several dogs by extirpating this gland.

It is possible this gland may serve the additional purpose of an outlet to undue impressions upon the lungs and windpipe by an excess in exercise of the voice and speech, and thereby defend those important parts of the body from rupture and disease.

BISMUTH PREPARATIONS.—The Druggists' Circular reports that at the last meeting of the Kings County Pharmaceutical Society the subject of impurities in the medicinal salts of bismuth first occupied the attention. Dr. Sheets related that, having had occasion to administer subnitrate of bismuth in his own family, the medicine caused great fetidity of the breath, persisting for several days (Oil and Drug News). He inquired if any one had observed any similar effects. Mr. Creuse answered that this garlicky smell had been noticed some time since in England, when it was attributed to the presence of tellurium in the metallic bismuth from which the salts were prepared. Another impurity occasionally found in bismuth preparations is a minute quantity of silver, which imparted to them the property of turning gray when exposed to light. The shade is different from that caused by sulphurous vapors, and occurs without the contact of air. The variations of color of bismuth salts from snow-white to light yellow was explained by the difference of hydration and molecular constitution. Anhydrous bismuthic oxide is of a decided yellow color, and the hydrated oxide is readily transformed into the anhydrous variety. As the insoluble medicinal preparations of the metal are all of a basic character they partake of the properties of the oxide. Another cause, the molecular condition, has also some influence. In this case it is physical rather than chemical. According to the *modus operandi* salts of bismuth can be obtained either dense or quite light. The denser kinds, as will readily be understood, are naturally of a darker color. Manufacturers know well how to produce either variety at will, but they do not always make their process public.

TIME will have its revenges. In the days of Jenner the vaccinationists were denounced and persecuted by the anti-vaccinationists. In our day the tables seem to be turned, for during the present scourge of smallpox in England many have been fined and imprisoned for resisting the compulsory vaccination acts. The British Medical Journal says that the Lincoln Anti-vaccination League has paid no fewer than two hundred and thirty-five fines for its members, and many persons have been prosecuted and fined who have had no connection whatever with the league. The Gainsborough league has paid no fewer than two hundred and four fines, and no less than twelve of its members have suffered imprisonment.

HOW A "WORM I' THE BUD" BECAME A WORM IN THE NOSE (St. Louis Medical and Surgical Journal).—An old lady in Lower Malbro' had for six or eight months past an excruciating headache. About three weeks ago there commenced a discharge of bloody matter from the nostril, the pain by degrees falling to one corner of the eye on the side from which the discharge proceeded. Within a few days she closed the nostril not affected and blew hard, when out flew a *worm* about two inches long, apparently, with a head at each end, which was white, and the body brown. Its action was like what is called an inch *worm*, and on its back scales were perceptible. This old lady says that one day last summer she was walking in her garden, pulled a rose and smelled it, and immediately a painful sensation took place in her head just above the nostril that has been afflicted; and she remembers to have observed some small white worms on the rose which are common to that flower, from which moment she had not been without pain until she discharged it.—*Thomas H. Stockett, M. D., 1791.*

MIND IN WORK.—Medical men see a great deal of life, and nothing strikes the observant family practitioner more than the number of feeble, sauntering, and loitering minds with which he is brought into contact (London Lancet). No inconsiderable proportion of the common and some of the special ailments by which the multitude are affected may be traced to the want of vigor in their way of living. The human organism is a piece of physico-mental machinery which can only be successfully worked at a fairly high pressure. It will almost inevitably get out of gear if the propelling force is allowed to fall below a moderately high standard of pressure or tension, and that degree of tension can not be maintained without so much interest as will secure that the mind of the worker shall be in his work. It is curious to observe the way in which particular temperaments and types of mental constitution are, so to say, gifted with special affinities or predilections for particular classes of work. The men who work in hard material are men of iron will, which is equivalent to saying that the men of what is called hard-headed earnestness find a natural vent for their energy in work which requires and consumes active power. On the other hand, the worker in soft materials is commonly either theoretical or dreamy. There is a special type of mental constitution connected with almost

every distinct branch of industry—at least with those branches which have existed long enough to exercise a sufficient amount of influence on successive generations of workers. We are all familiar with what are called the racial types of character. It would be well if some attention could be bestowed on the industrial types, both in relation to educational policy and the study of mental and physical habits in health and disease.

THE physiology of the Talmud is grotesque enough in some particulars. "The kidneys give advice, the heart understands, the tongue produces articulate sounds, the mouth completes them, the esophagus receives and rejects food, the trachea produces the voice, the lungs absorb liquids, the liver is the seat of rage, and the gall-bladder throws bile upon it and calms it, while the spleen is the seat of laughter" (London Lancet). Among other duties of the learned doctors was superintendence of the slaughtering of animals. Arguing from their physiological knowledge that the trachea and esophagus are the structures most essential to life, they ordered that all animals should be slaughtered by the division of these only. A certain Rabbi, having observed that this was not a very speedy mode of death, suggested the division of the blood-vessels of the neck, but his advice was overruled.

EFFECTS OF EAR-PIERCING.—A discussion has been carried on at the Société Médicale des Hôpitaux on the effects of ear-piercing in scrofulous subjects (Lond. Lancet). From a large number of cases quoted by different speakers it would appear that this trifling operation, usually performed by the jewelers, is often followed by disagreeable consequences. In a strumous person it very frequently sets up ulceration, which persists as long as the earring is worn, and ends by a fissure of the lobule. At other times a troublesome eczema is produced, which can not always be cured by the removal of the exciting cause.

THE SPREAD OF TYPHUS IN DUBLIN.—A case has been brought under the notice of the Public Health Committee and the Local Government Board for Ireland, in which a dispensary medical officer failed to report an outbreak of typhus fever to the former sanitary authority (British Medical Journal). Six cases of typhus fever through this neglect, it is stated, occurred in one house in this gentleman's district, one of which at least proved fatal.

Selections.

Salicylic Silk as a Surgical Dressing.—A. F. McGill, F.R.C.S., in *London Lancet*:

When a wound of considerable size is dressed antiseptically in the usual manner with carbolic gauze the dressing must, of necessity, be changed several times during the first week. If this is not done the serous discharge, which exudes in large quantity, soaks to the outside. Putrefactive changes ensue, and the case, as it is generally called, "breaks down." The frequent changing of the dressing in the early days after the infliction of a wound, during the time that healing by first intention may be expected, is an unmixed evil. It is probably owing to this cause that immediate healing of wounds treated antiseptically is not of more frequent occurrence. The handling of a wound at a later period when primary adhesions have become firm, or when granulation has occurred, is a matter of little moment. Unfortunately it happens that disturbance is necessitated at the very time when rest is most imperatively needed. If, then, we can use as a dressing some material which will not require to be renewed except at long intervals, we not only increase the patient's chance of speedy recovery, but lessen very considerably the work and expense of the surgeon. Such material is, I think, found in salicylic silk. The silk used is the article called in the trade "silk noils." These noils are a waste product, and are consequently of comparatively small value; they are sold for stuffing cushions and chair-bottoms. The silk is soaked in a solution of salicylic acid made by dissolving the acid in methylated spirit and boiling water. After soaking and drying ten parts of the silk should weigh eleven; consequently the silk when ready for use contains about ten per cent of the acid. Before using it is well to tease the fibers asunder; though this is not absolutely necessary, it considerably improves the dressing, making it softer and more absorbent. At the same time its bulk is much increased, and consequently a smaller quantity is required for a dressing. When the silk is adopted as a dressing no antiseptic precautions should be neglected, the carbolic-acid spray and lotion being used in the usual manner. For drainage in large operations I have been in the habit of using the ordinary india-rubber tubes, either wholly or partially removing them at the end of the first week; in smaller wounds tubes of decalcified bone, catgut threads, or fiddle-strings prepared antiseptically and twisted into a spiral have been inserted.

These last, which are in suitable cases very efficacious, were first suggested and made by my friend Mr. G. D. Todd, a former house-surgeon at the Leeds Public Dispensary; being made of an absorbent material, they possess the advantage that they do not require any change of dressing for the purpose of removal. All absorbent tubes have, however, a common fault, they are not efficient in cases where they are exposed to the pressure of heavy flaps, as any considerable pressure causes them to collapse prematurely. The dressing is usually applied direct to the wound; in some cases where there has been a long incision a strip of thin muslin or gauze soaked in carbolic lotion has been first applied, covering all the wound except the points where the drainage-tube has presented; over this silk in large quantities has been lightly bandaged. Wherever the silk has touched the wound it has been usual to dip a

small portion in carbolic lotion before applying it. This has been done in deference to Professor Lister's teaching—to destroy any putrefactive germs which might alight with impunity on the non-volatile salicylic acid—but as any liquid which reaches the germ would at the same time reach and dissolve the acid, it seems improbable that any putrefactive changes would result if this precaution were neglected.

The first dressing applied as directed above is not disturbed for from five to ten days, unless the condition of the patient necessitates an examination of the wound. If the temperature remains above 100° F. it is probable that drainage is interfered with, and an examination of the wound is called for. If, however, proper care has been taken at the first dressing such an examination will rarely have to take place. The second dressing may be left on for an indefinite time, and will not usually be removed till the wound is entirely or almost entirely healed. I need hardly add that all dressings are changed under the spray.

In estimating the value of the new dressing it can be compared, first, with carbolic gauze, and, second, with the salicylic cotton wool used by Prof. Thiersch. Compared with carbolic gauze (1) it requires less frequent renewal, thereby saving the patient pain and discomfort, and the surgeon time; (2) it increases the chance of a speedy union of the wound by insuring rest in the early days of treatment; (3) it will keep for an indefinite time, whereas the gauze after the lapse of a few months loses its antiseptic properties; (4) it is cheap, and consequently saves the surgeon and patient expense. Compared with the salicylic cotton wool it is found to possess two great advantages—it is more absorbent and more elastic. Its absorbent properties make it a much safer antiseptic; its elasticity prevents it from caking and makes it more comfortable.

Alcohol as an Antispasmodic.—Benj. Ward Richardson, M.D., F.R.S., in the *Medical Press and Circular*:

The diffusibility of alcohol through the body and in the blood renders it a bad antispasmodic where it is often required. But this very fact of diffusibility makes it as useful in other cases, when an equable diffusion through the body is the best line of practice to be pursued. In illustration I may mention examples of shock or stun, mental or physical, as cases in point. During shock, as from a blow or from fright, the pallor of the face indicates the resistance that has occurred in the terminals of the circulation, while the heart sharing through its vessels in the same catastrophe is unable to meet the strain to which it is subjected. Here alcohol acts perfectly as a restorative when it can be administered and absorbed. Diffused through every part, it causes a relaxation, under which the heart is relieved, the circulation set free, and the animation is restored. In short, just because a man intoxicated from alcohol bears shocks which might be fatal to a sober man, so a man under shock is relieved by alcohol. In the first instance, the body was in a condition under which the organic motor fiber is enfeebled by the alcohol, and rendered irresponsive to the concussion; in the second instance, the contracted organic fiber is relaxed by the alcohol.

It is no paradox to say that in this particular mode of action, in cases of stun, alcohol resembles blood-letting. The old practitioners drew blood from persons who were stunned by physical or mental shock,

and if they succeeded in getting a current of blood they were accustomed to witness a quick reanimation. I have seen this phenomenon myself in the early part of my career. What occurs from this process is relief to the right side of the heart, with removal of pressure and of resistance to the heart-stroke, so that the heart is enabled to rekindle motion. The relaxing influence of alcohol is of the same character of relief.

For a similar reason alcohol is a good agent to administer just before the administration of those anesthetics which produce contraction of arterial fiber and convulsive spasm. This action belongs to all the members of the chlorine anesthetic family, to chloroform singularly, and is, no doubt, as I have pointed out over and over again, the chief cause of danger from them. To give a dose of alcohol therefore, a dose sufficient to produce a demonstrable physiological effect before administering chloroform, is sound physiological practice; and I attribute much of the success which attended the administration of chloroform in my hands to this detail. I noticed so often that a full dose of alcohol lessened the duration and intensity of the second or convulsive stage of chloroform that I invariably gave a full dose before beginning to apply the inhaler. In my lectures on *materia medica* to the Royal College of Physicians I made this point a matter for direct demonstration. I showed the action of the chloroform alone, of ether alone, and of chloroform after a subcutaneous injection of alcohol on the hearts of three guinea-pigs that had been let sleep to death in the vapors. In the animal that had died under chloroform alone the heart was dead and the lungs pale; in the animal treated with ether alone the heart was beating briskly on the two sides, and the lungs were filled with blood. In the animal that had been treated first with alcohol and then with chloroform the heart was beating regularly on both sides, and the lungs were filled with blood.

Again, I showed an analogous experiment in my experimental lectures upon artificial respiration. I showed two rabbits that had been made to cease to breathe in chloroform vapor, but one of which had previously been injected with alcohol. I started the process of artificial respiration in the two at the same time as they came out of the narcotizing chamber, and demonstrated that while the one that had been charged with alcohol was restored with the utmost readiness, the other was hopelessly beyond restoration.

The antispasmodic action of alcohol is here shown at its best, and I should still, were I about to take or administer chloroform, prescribe a preliminary dose of alcohol. For ether and nitrous oxide such a precaution would not be necessary; for methylal it would not be necessary. Those agents themselves play the same part as alcohol—they relax the arterial fiber.

Atropia-poisoning.—M. Landesberg, M.D., in the Medical Bulletin, reports the following:

Miss C., twenty-one years old, took a teaspoonful of a solution of atropia, of one grain to three drams, instead of morphia, as intended, in order to alleviate a severe toothache. On discovering her mistake she immediately called at my office and informed me of what had occurred. She complained of a bitter taste, dryness of the throat, and blurring of vision. The face was flushed, the skin hot, the pulse full and rapid, and the respiration accelerated. Both pupils were medium, dilated, and immovable. Vision and tension

were normal. The ophthalmoscope showed marked hyperemia of the retina, the vessels of which were distended and tortuous; besides, there was arterial pulsation; sensibility, reflex excitability and mental capacities were not impaired. In the meantime the voice of the patient became husky and faltering, her ideas incoherent; hysteric laughing alternated with sobbing and crying, and patient felt oppressed as though she would suffocate. The flushed face changed to paleness, the eyes lost their luster, the pulse became feeble, the respiration slow, and the body shook as if in an ague-fit. I requested the patient to lie down on the lounge. She tried to stand up, but she failed in the attempt, her feet were numb, and she had lost all power over them. I had to carry her to the sofa. There she lay with chattering teeth, shaking with slight tonic spasms. Her consciousness was not impaired; she understood when I spoke to her, but she could not utter a word.

In this emergency I made a subcutaneous injection of one fourth grain of morphia. The spasms vanished instantly. The pulse became fuller, the respiration easier, the body warmer, the oppressed face brightened up and showed all signs of general comfort; but in all other conditions there was no change. Upon another injection of one sixth grain of morphia, made after an interval of twenty minutes, the pupils reassumed their normal shape, and the patient recovered her voice and fell into a sound sleep. When she awoke, two hours afterward, all morbid symptoms had disappeared, and she was able to walk without any assistance to the carriage which had brought her to my office. Complete recovery ensued in the course of the same day.

On Colotomy.—Christopher Heath, F.R.C.S., in British Med. Journal:

No operation has probably undergone a greater change of estimation of late years than colotomy. Confined originally to cases of obstructive disease of the sigmoid flexure or rectum, recourse was had to it only as a last resource, and when the patient was *in extremis*. I have on several occasions been called upon to operate under these circumstances, and the result has too often been disappointing. Not only is the risk of death from exhaustion very great, but there is also the great liability for the bowel to give way before or soon after the operation either just above the stricture or at the cecum, which latter seems to be especially liable to perforation by ulcer when much overdistended. At the same time I have seen so many recoveries, with considerable prolongation of life after colotomy in apparently desperate circumstances, that I should not feel justified in refusing to operate unless the symptoms pointed distinctly to perforation and consequent peritonitis. Death from overdistension of the bowels is one of the most painful and distressing terminations of life we can have to witness, and to obviate this alone colotomy will be justifiable even under circumstances of the greatest gravity.

But it is as a means of relieving the suffering caused by cancer of the rectum, or incurable ulceration, or recto-vesical fistula, and of thus prolonging life in comparative comfort that the operation of colotomy has been proved so advantageous. Six months, twelve months, or more, may thus be added to the life of a patient suffering from cancer; and one patient of mine survived the operation two years and nine months in great comfort, although latterly the

disease had encroached upon and perforated the vagina—a complication most offensive under ordinary conditions. To show how little a lumbar colotomy interferes with the health or comfort of a patient, I may mention that in January, 1872, I performed colotomy on a lady (a patient of Dr. Grigg), who was suffering constant torture from a recto-vesical fistula, following and connected with a pelvic abscess. She is perfectly well at the present time; has no pain or trouble, and is able to attend to her domestic and social duties without inconvenience. Another female patient, whose colon I opened in 1873 for intractable syphilitic ulceration of the rectum, is living and well, but the rectum is completely closed by the cicatrization of the ulcers. . . .

As regards the operation itself, I would say that though it often is extremely easy and simple, yet in some cases it is of the greatest difficulty. In a case of obstructive disease the colon is often distended and easy to reach; but again when distension is great the colon may be contracted and the small intestines overlap it completely and cause great difficulty, or the peritoneum distended with air may closely simulate the bowel. Again, the anatomical arrangement of the meso-colon may be such as to render it impossible to reach the bowel without opening the peritoneum. Should the peritoneum be opened I believe the best mode of proceeding is to bring up the colon to the opening and stitch it carefully before opening the bowel, so that the two peritoneal surfaces may be well in contact and rapidly adhere, when a good result may be anticipated. It is said by a distinguished lithotomist of the day that every case of lithotomy has its own peculiarities, and the same may, I think, be said of colotomy. Although my experience of the operation is now not inconsiderable, I must confess to a feeling of relief when I have fairly opened the colon without misadventure.

In the after-treatment of cases of colotomy some little care is required in washing out periodically the diseased piece of bowel below the artificial anus; for if this be neglected the mucous secretion collects, and is apt to irritate. It is undoubtedly the fact, though it is difficult to explain it, that fecal matter does occasionally find its way into the rectum in some cases, but the bulk of the feces is of course discharged at the loin, and with great regularity and singularly little discomfort. A simple bandage, with a pad of tow or wool applied over the anus, is sufficient to prevent injurious friction of the part, but if, as sometimes happens, there be a tendency to prolapse of the mucous membrane an air-pad may be added.

The Pathology of Hydrophobia.—At the last meeting of the Paris Academy of Medicine a debate arose concerning a case of hydrophobia which was said to have been five years in incubation (Med. Press and Circular.) M. Bouley remarked that M. Colin had forgotten to mention the anatomical lesion described by MM. Gombault and Nocard in 1875, before the Anatomical Society, and stated by them to be essential to, and characteristic of, hydrophobia. In all post-mortem examinations of dogs which had died from hydrophobia, in the post-mortem examination of a goat, of a horse, and even of a man, victims of the same disease, these observers remarked the presence of an accumulation of white globules within the peri-vascular lymphatic sheath on the floor of the fourth ventricle, and also of apoplectic centers made up of these globules. MM. Gombault and Nocard explain by means of this lesion of the nervous system

the remarkable effects of faradization in cases of rabies. M. Bouley adds that in certain cases of false rabies it was demonstrated that this lesion of the bulb did not exist. In one case, where symptoms exactly similar to those of rabies had been induced by the dog having swallowed a marble, the expulsion of the foreign body was followed by complete disappearance of all symptoms. In another case where the symptoms of rabies had been caused by the presence of a bone which had stuck in the intestine the dog died, and a post-mortem examination proved that there was no lesion of the bulb. The existence or non-existence of this anatomical lesion would therefore prove a means of distinguishing between true and false rabies. It is much to be regretted that this discovery was not utilized in the case of M. Colin's patient, as there are many diseases the symptoms of which might easily be mistaken for those of rabid hydrophobia. M. Bouley stated also that a veterinary surgeon of Lyons has proved that the rabbit is extremely sensitive to inoculation of rabid virus, and that the symptoms of disease are generally apparent within a short time after inoculation. Several physicians, and among them M. Maurice Ragnaud, have used this fact as a means to determine whether the symptoms observed by them in man were those of true or of false rabies. This method of diagnosis was not employed in the case of M. Colin's patient.

M. Bouley, for all these reasons, is of the opinion that the presence of rabid hydrophobia has not been clearly demonstrated in the case of M. Colin's patient. He considers that even if the doubt existed as to the nature of the disease to which the man succumbed, it might well be doubted whether a bite received five years before could be the determining cause of the disease. It might easily happen that a man, during this interval of five years, had contracted hydrophobia, if not from the bite of a dog, at least through being licked by one; for it is a fact which can not be too often insisted upon, that rabies may be contracted through the licking of a mad dog, and it is now generally admitted that when first attacked by rabies dogs become more affectionate, more caressing, and therefore more than usually prone to lick those with whom they may come in contact.

Extensive Venereal Warts.—H. T. Machell, M.B., L.R.C.P., Edin., Toronto, in Canadian Journal of Medical Science:

On the 1st of December last a patient presented herself, saying she had "the chancres." The history of the case, however, pointed to gonorrhea, which she had contracted six months ago. On making an examination, the whole circumference of the vagina, from the labia minora backward for an inch and a half, was completely studded with venereal warts, while above this these growths were scattered here and there up to within a few lines of the cervix uteri. These vegetations so packed the anterior portion of the vagina that when the labia were separated the direction of the canal could not be made out at all, and it was with considerable difficulty that the finger could be introduced. They varied in size from a pin's head to that of a good-sized pea, but the greater number of them were flat and smooth, and frequently three or four could be seen attached to one pedicle.

Nitric acid was applied a few times at intervals of three days, then the remainder were clipped off with the scissors at a couple of sittings, and the acid applied to the base of the pedicles. Result good.

A Case of Strychnine Poisoning Treated Successfully with Bromide of Potassium and Chloral.—By Engledeu Pridaux, L. R. C. P. Lond., M.R.C.S. Eng., in *London Lancet*:

On arriving at the house I found the patient, a woman of about fifty years of age, lying upon a mattress on the floor, unable to speak and perfectly rigid, and in a condition of constantly recurring opisthotonos, the convulsions succeeding one another with great rapidity, with all the appearances of acute strychnia poisoning. The pulse was slightly quickened but otherwise fair. As soon as the jaws were relaxed I administered half an ounce of bromide of potassium in solution with one dram of chloral. After a quarter of an hour the spasms began to materially abate, and the muscles relaxed in a marked degree. I then repeated the bromide, and in half an hour there was almost perfect relaxation, with slight spasms recurring at much longer intervals. After remaining with the patient for some time and finding the spasms did not recur in their intensity, we left, leaving another ounce of bromide to be given in divided doses of two drams every four hours during the night.

The next day I visited the patient early in the morning, anxious to know the progress of the case. I found her in a very feeble state, and to my surprise quite unable to raise herself, and able hardly to move a muscle; indeed she seemed like a sheet of wet blotting-paper, and was almost completely paralyzed; her water had run away in great excess, and a large quantity of liquid feces. Her pulse was slow and markedly feeble. She had taken half of the quantity of bromide left. I stopped its administration and ordered strong beef tea and milk, with a little brandy at frequent intervals. On the evening of the same day there was little alteration.

From this time she progressed toward convalescence very slowly and gradually, her recovery being much retarded owing to the inability of her friends to obtain sufficient and proper nourishment. After three days she was able to raise herself, and had regained power over the sphincters, and on the fifth day was able to sit up. She was then removed to the Union House, where she rapidly recovered.

We were shown also an old wineglass with the foot broken off, and told that she had poured out the medicine into this without measuring it, taking nearly or about a full glass, as she said, "to make up for not taking any during the day." I took away the glass, and found it to hold full two ounces and a half.

The woman must have taken, from the size of the glass she used, fully two ounces of the wrong mixture, each ounce containing forty minims of liq. strychnia, P. B.—that is, eighty minims in all—nearly three quarters of a grain of strychnia. I have not been able to find any record of the administration of so large a dose of bromide of potassium, but it appeared to me necessary to give as large a dose as possible, inasmuch as the poison had been in the stomach for a considerable time, and it had all, or nearly all, been absorbed. The symptoms had been increasing in severity, and from their intensity were evidently attaining their maximum, and must have soon produced death by interference with the function of respiration, so that to give smaller divided doses would have been useless. The effect of the first dose was remarkably complete, temporary muscular relaxation occurring in about twenty minutes, the succeeding convulsions becoming rapidly altered in character.

I believe that the complete muscular paralysis which occurred, and was so slowly recovered from, was owing to the partial abolition of the functions of the spinal cord, caused by the exhibition of the remedy, and was not due to nerve or muscular exhaustion consequent upon the extreme excitation and activity induced by the poison.

Malignant Pustule.—Dr. Greenfield (*Brit. Med. Journal*): The principal symptoms are briefly as follows: At the local seat of inoculation a small pimple forms, which soon passes into a papule, and then changes to a flat vesicle, which gradually enlarges and bursts, discharging a clear or bloody fluid. The base of the ulcer dries, leaving a dark brown or black spot. Around this smaller vesicles appear that soon undergo the same changes, and in this way the ulcer enlarges to the size of a shilling or more. The surrounding tissue is swollen, red, and inflamed, so that the ulcer is seated on a hard, raised red base, and there is a kind of erysipelatous blush or swelling extending for a considerable distance around. The lymphatic glands connected with the part are greatly swollen. If the patient survive, the central black eschar may become detached by sloughing, and the wound granulates, the edema and lymphangitis gradually subsiding. The constitutional symptoms vary greatly, and do not in all cases at all correspond in severity to the local symptoms, and in some cases are entirely absent. The temperature is usually high when any fever is present, the pulse and respirations accelerated, the latter frequently oppressed. Great prostration, anxiety, delirium, profuse perspirations, and sometimes convulsions precede death, which may occur in thirty or forty hours, or within five or six days, but rarely later.

Ozena.—In several cases of chronic inflammation of the nasal and pharyngeal cavities giving rise to offensive discharge, Dr. Poore (*London Lancet*) has found decided benefit result from the use of a stimulant and antiseptic snuff having the following formula: Biborate of soda, nitrate of bismuth, each one dram; disulphate of quinine ten grains, iodoform five grains. This snuff has the effect of stopping the fetor and greatly diminishing the amount of discharge from the nostrils. It is liable, as are all snuffs when used for similar conditions, to cake in the nostrils, and it is therefore necessary to thoroughly wash out the nostrils once a day. This may be done by means of a nasal douche, or the patient may easily be taught to snuff a lotion up the nose and allow it to run out of the mouth. A teaspoonful of glycerin of borax dissolved in a wineglass of tepid water forms an excellent wash for the nose, and with a little instruction patients learn how to wash out their nasal and pharyngeal cavities without the aid either of syringe or douche apparatus. In cases where the ozena is of a simple kind, not due to caries or necrosis of bone, but rather to a sluggish inflammatory action occurring in a scrofulous subject, considerable benefit is often derived from the administration of the sulphide of calcium in doses of half a grain (in pill), taken three times a day. It is often necessary to cleanse the nasal and pharyngeal cavities with a brush inserted through the anterior nares, and also behind the soft palate, so as to reach the summit of the pharynx. The brush may be moistened with glycerin of tannin, and after the cavities have been cleansed a little dry iodoform may be passed into the cavities on the tip of the brush.